1 General anamnesis

1.1 Sight problems
(e.g. blurred vision, lacrimation, seeing double, pain, feeling of pressure, burning sensation,
pain on moving the eyes, itching)
- at work
- when reading

1.2 Glasses or contact lenses for
- the far range
- the near range
- the near and far ranges
- bifocals
- trifocals
- varifocals
- contact lenses
Date of the last prescription for glasses ___.___.________

1.3 Eye disorders (e.g. injuries, operations, allergies)
Which?

Special aids for persons with visual disabilities

1.4 Symptoms of the postural and locomotor system
Which and since when?

1.5 Disorders or symptoms of the nervous system
(e.g. migraine, headaches, dizziness)

1.6 Metabolic disorders
(e.g. diabetes, thyroid function)

1.7 High blood pressure

1.8 Long-term medication
Which?
2 Work anamnesis

2.1 Instruction in working at a visual display unit (VDU)  □ yes  □ no

2.2 Working time at a VDU  ___ ___ hours/day

First Special medical examination

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visual acuity with optimal correction  normal

visual field  □ yes  □ no
colour vision  □ yes  □ no
phoria  □ yes  □ no
stereopsis  □ yes  □ no

Second Special medical examination

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RL far range  RL VDU distance  RL near range

Comments


Results

- no concern about health  □
- no concern about health under certain conditions*  □
- concern about health*  □
- Supplementary examination required  □
- Next examination  ___ _________ month/year

* Recommendations


Date, stamp, signature of the physician